

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 111

(check only one)

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Committee to Re-Elect Loretta Sanchez

Full Name (Last, First, Middle Initial)

A. Scott Stoney

Mailing Address 361 Hospital Road #425

City

Newport Beach

State

CA

Zip Code

92663-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Calif. Rehabilitation &amp; Pain Mgmt

Occupation

Physician

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 25  |   | 2014    |

Transaction ID : C10277918A

Amount of Each Receipt this Period

1000.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address P.O. BOX 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

39884.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 13  |   | 2014    |

Transaction ID : C10277918AB

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

C. Scott Stoney

Mailing Address 361 Hospital Road #425

City

Newport Beach

State

CA

Zip Code

92663-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Calif. Rehabilitation &amp; Pain Mgmt

Occupation

Physician

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 20  |   | 2014    |

Transaction ID : C10277970A

Amount of Each Receipt this Period

1000.00

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00